

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531908**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	14	↓	2	↓		↓
TOTAL DEP.	31	↑	39	↑		↑
TOTAL CLAIMS	25	[REDACTED]	41	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/		/		/	
54	/		/		/	
55	/		/		/	
56	/		/		/	
57	/		/		/	
58	/		/		/	
59	/		/		/	
60	/		/		/	
61	/		/		/	
62	/		/		/	
63	/		/		/	
64	/		/		/	
65	/		/		/	
66	/		/		/	
67	/		/		/	
68	/		/		/	
69	/		/		/	
70	/		/		/	
71	/		/		/	
72	/		/		/	
73	/		/		/	
74	/		/		/	
75	/		/		/	
76	/		/		/	
77	/		/		/	
78	/		/		/	
79	/		/		/	
80	/		/		/	
81	/		/		/	
82	/		/		/	
83	/		/		/	
84	/		/		/	
85	/		/		/	
86	/		/		/	
87	/		/		/	
88	/		/		/	
89	/		/		/	
90	/		/		/	
91	/		/		/	
92	/		/		/	
93	/		/		/	
94	/		/		/	
95	/		/		/	
96	/		/		/	
97	/		/		/	
98	/		/		/	
99	/		/		/	
100	/		/		/	
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]